

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: September 21, 2006

Division: Engineering

Bulk Item: Yes x No

Department: Facilities Development

Staff Contact Person: Jerry Barnett

AGENDA ITEM WORDING: Approval of Contract Amendment No. 2 with William P. Horn, Architect, P.A. for professional services for the renovation of the Big Pine Key Fire Station.

ITEM BACKGROUND: On May 2, 2006, Mr. William P. Horn submitted a new cost of construction estimate for the Big Pine Key Fire Station. The cost of construction has increased significantly since his original contract was approved in November, 2002. Mr. Horn is requesting an increase in his fee from \$136,800.00, to \$178,993.00, based on his cost of construction estimate increasing from \$1,800,000.00 to \$2,355,171.00.

PREVIOUS RELEVANT BOCC ACTION: On November 20, 2002, the BOCC approved a contract with William P. Horn Architect, P.A. for professional services for the renovation of the Big Pine Key Fire Station. On February 18, 2004, The BOCC approved Contract Amendment No. 1 revising his fee by an increase of \$58,800.00 due to increased construction costs from \$1,000,000.00 to \$1,800,000.00. On April 19, 2006 the BOCC approved to reject the bid of March 21, 2006 and to re-bid.

CONTRACT/AGREEMENT CHANGES: To increase the architectural fee from \$136,800.00 to \$178,993.00, due to the increase in the estimated construction costs.

STAFF RECOMMENDATIONS: Approval as stated above.

TOTAL COST: \$42,193.00

BUDGETED: Yes X No

COST TO COUNTY: \$42,193.00

SOURCE OF FUNDS: One-Cent Infrastructure

REVENUE PRODUCING: Yes No X **AMOUNT PER MONTH** **Year**

APPROVED BY: County Atty OMB/Purchasing Risk Management

DOCUMENTATION: Included X Not Required

DISPOSITION:

AGENDA ITEM #

MONROE COUNTY
FACILITIES DEVELOPMENT

M E M O R A N D U M

TO: David Koppel
County Engineer

FROM: Ann Riger, Contracts Administrator
Facilities Development

DATE: September 1, 2006

RE: Agenda Item – To increase the Architectural/Engineering fee for the Big Pine Key Fire Station Renovation.

The original contract with the Architect for the Big Pine Key Fire Station Renovation project, William P. Horn, is dated November 20, 2002. The construction costs back then were estimated at \$1,000,000.00. Due to delays, the estimated cost of construction increased to \$1,800,000.00 and Mr. Horn was granted approval to increase his contract on February 18, 2004.

A bid opening was held on March 21, 2006 with one bidder responding with a construction cost of \$4,849,000.00. Staff was granted approval by the BOCC on April 19, 2006 to reject the bid and to re-bid.

Currently, the estimated construction cost is \$2,355,171.00, which is \$555,171.00 higher than his last estimate in 2004. Staff recommends increasing his Architectural/Engineering fee to accommodate this increase.

Thank you. If you have any questions please call me at ext. 4439.

AR

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: William P. Horn Architec Contract #
 Effective Date: 09/20/06
 Expiration Date:

Contract Purpose/Description:
To increase the Architectural/Engineering fee for the Big Pine Key Fire Station Renovation.

Contract Manager: Ann Riger 4439 Facilities Develop/Stop #1
 (Name) (Ext.) (Department/Stop #)

for BOCC meeting on 09/20/06 Agenda Deadline: 09/05/06

CONTRACT COSTS

Total Dollar Value of Contract: \$ 42,193.00 Current Year Portion: \$ 0.00
 Budgeted? Yes ☒ No ☐ Account Codes: 304-26000-560620-CP0606-530310
 Grant: \$ - - - - -
 County Match: \$ - - - - -
- - - - -

ADDITIONAL COSTS

Estimated Ongoing Costs: \$ /yr For:
 (Not included in dollar value above) (eg. maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	<u>9-5-06</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>9-5-06</u>
Risk Management	<u>9-1-06</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>M. Slavin</u>	<u>9-1-06</u>
O.M.B./Purchasing	<u>9/1/06</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>9/5/06</u>
County Attorney	<u>9/5/06</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>9/5/06</u>

Comments: = Agreed to Capital plan
500K in 08

**MONROE COUNTY
ENGINEERING/FACILITIES DEVELOPMENT
CONTRACT AMENDMENT NO. 2**

PROJECT TITLE: Big Pine Key Fire Station

CONTRACT AMENDMENT NO: 2

Total Previous Amendments	<u>\$58,800.00</u>
Amount This Amendment	<u>\$42,193.00</u>
Original Contract Amount	<u>\$78,000.00</u>
Revised Contract Amount	<u>\$178,993.00</u>

Detailed description of Amendment and justification:

Increase the Architectural contract amount due to the increase in construction costs. Previous estimated construction costs were \$1,800,000.00 in February 2004. The Architectural fee was 7.6% of construction costs, or \$136,800.00. Currently, construction costs are estimated at \$2,355,171.00 with the Architectural fee at 7.6%, or \$178,993.00, thereby increasing the contractual price by \$42,193.00.

(SEAL)

Attest: DANNY L. KOLHAGE, CLERK

BOARD OF COUNTY COMMISSIONERS
OF MONROE COUNTY, FLORIDA

By: _____
Deputy Clerk

By: _____
Mayor/Chairperson

WILLIAM P. HORN ARCHITECT, P.A.

William Horn, President

STATE OF FLORIDA
COUNTY OF _____

On this _____ day of _____, 2006, before me, the undersigned notary public, Personally appeared _____, known to me to be the Person whose name is subscribed above or who produced _____ as identification, and acknowledged that he/she is the person who executed the above contract with Monroe County for the renovation of the Big Pine Key Fire Station for the purposes therein contained.

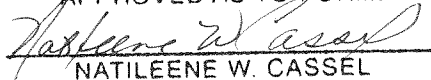
Notary Public

My commission expires:

Print Name

Seal

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:


NATILEENE W. CASSEL

ASSISTANT COUNTY ATTORNEY

Date 9-5-06

**WILLIAM P. HORN ARCHITECT, P.A.**

915 EATON STREET, KEY WEST, FLORIDA 33040

PHONE: 305-296-8302 FAX: 305-296-1033

MONROE COUNTY
CONSTRUCTION MANAGEMENT
Facilities Maintenance
MAY 03 2006
TIME:
RECEIVED BY: *C*

Licence No. AA 0003040

Date: 5/2/06

To: Jerry Barnett
Facilities Development Coordinator
Monroe County

Re: Conch Key Fire Station
Big Pine Key Fire Station

Dear Mr. Barnett,

I am writing to ask that you update my contract on the Conch Key and Big Pine Fire Stations. It has been a while on both projects. The original fees on both projects were assumptions made prior to clarifying the size and scope of the projects and are very low costs compared to what each project consists of and costs today. In June, 2004 I had updated both project costs, but was asked to hold on updating my contracts until the bids came in. Since then, both projects have had delays (Conch Key was on hold for a while and Big Pine had land and lease issues with the Forestry Department).

The Conch Key Fire Station contract is based on a construction cost of \$850,000.00. The architectural fee is 7.9% = \$67,150.00. In June 2004 I had updated the costs to \$1,092,367.00. Attached is a new cost update bringing the construction cost estimate to \$1,660,417.00 (with the flood proofing of the first floor of the new addition included). My contract would adjust to 7.35% = \$122,040.64.

The Big Pine Fire Station contract is based on a construction cost of \$1,800,00.00. The architectural fee is 7.6% = \$136,800.00. In June 2004 I had updated the construction costs to \$2,355,171.00. Attached is a new cost update showing the construction cost estimate at \$3,149,632.00. My contract would adjust to 6.4% = \$201,576.44.

Please call if you have any questions.

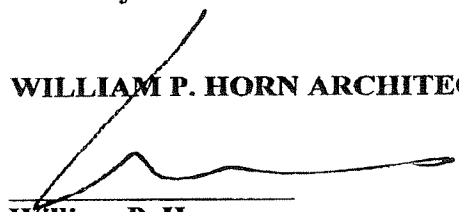
ROUTING

<input type="checkbox"/>	Jerry	<input type="checkbox"/>
<input type="checkbox"/>	ANN	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

[Handwritten signature]

Sincerely

WILLIAM P. HORN ARCHITECT, P.A.



**William P. Horn,
Principal**

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID NE
HORNW-1DATE (MM/DD/YYYY)
01/26/06

PRODUCER The Fullers, Inc 1432 Kennedy Drive Key West FL 33040 Phone: 305-294-6677 Fax: 305-292-4641	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED William P Horn Architect PA, Inc 915 Eaton St Key West FL 33040	<table border="1"><tr><td>INSURERS AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A: Bankers Security Insurance Co.</td><td></td></tr><tr><td>INSURER B: Technology Insurance Company</td><td></td></tr><tr><td>INSURER C: <i>Facilities Development</i></td><td></td></tr><tr><td>INSURER D: <i>FEB - 1 2006</i></td><td></td></tr><tr><td>INSURER E:</td><td></td></tr></table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Bankers Security Insurance Co.		INSURER B: Technology Insurance Company		INSURER C: <i>Facilities Development</i>		INSURER D: <i>FEB - 1 2006</i>		INSURER E:	
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COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
A	X	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	090004962995801	09/21/05	09/21/06	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1000000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2000000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td></tr><tr><td>CSL</td><td>1000000</td></tr></table>	EACH OCCURRENCE	\$ 1000000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000	MED EXP (Any one person)	\$ 5000	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$ 2000000	PRODUCTS - COMP/OP AGG	\$	CSL	1000000
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CSL	1000000																			
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$						
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AGG	\$																			
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$				
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B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	TWC3064752	01/01/06	01/01/07	<table border="1"><tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td><td>OTHER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 100000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 100000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500000</td></tr></table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 100000	E.L. DISEASE - EA EMPLOYEE	\$ 100000	E.L. DISEASE - POLICY LIMIT	\$ 500000						
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E.L. EACH ACCIDENT	\$ 100000																			
E.L. DISEASE - EA EMPLOYEE	\$ 100000																			
E.L. DISEASE - POLICY LIMIT	\$ 500000																			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

architect. Certificate holder is an additional insured for liability.

CERTIFICATE HOLDER

MONBOCC

Monroe County BOCC
Risk Management
1100 Simonton St.
Key West FL 33040

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Norman Fuller

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID NE
HORNW11

DATE (MM/DD/YYYY)

06/12/06

PRODUCER

The Fullers, Inc
1432 Kennedy Drive
Key West FL 33040

Phone: 305-294-6677 Fax: 305-292-4641

INSURED

William Horn
151 Key Haven Rd
Key West FL 33040THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Progressive Commercial Div
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

MONROE COUNTY

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A	X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	2158316-3	05/29/06	05/29/07	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100000 BODILY INJURY (Per accident) \$ 300000 PROPERTY DAMAGE (Per accident) \$ 50000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
certificate holder is additional insuredMonroe County
Facilities Development

JUN 19 2006

RECEIVED BY: 

CERTIFICATE HOLDER

CANCELLATION

MONBOCC

Monroe County BOCC
Risk Management
1100 Simonton St.
Key West FL 33040SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
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AUTHORIZED REPRESENTATIVE

Norman Fuller 